

CR - 16 00211

LHK

HRL E-filing

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

SAN JOSE DIVISION

THE UNITED STATES OF AMERICA

vs. Vilasini Ganesh
and Gregory Belcher

SEALED BY ORDER
OF COURT
FILED
MAY 19 2016
SUSAN Y. SOONG
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE

INDICTMENT

COUNT ONE: (18 U.S.C. § 1349 – Health Care Fraud Conspiracy)

COUNTS TWO – SIX: (18 U.S.C. §§ 1347 and 2 – Health Care Fraud)

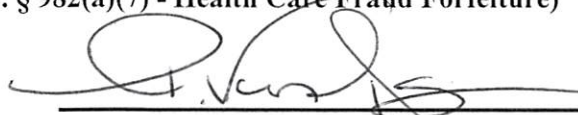
COUNTS SEVEN – ELEVEN: (18 U.S.C. § 1035 – False Statements Relating to Health Care Matters)

COUNT TWELVE: (18 U.S.C. § 1956(h) – Conspiracy to Commit Money Laundering)

COUNTS THIRTEEN – EIGHTEEN: (18 U.S.C. §§ 1956(a)(1)(B)(i) and 2 – Money Laundering)

FORFEITURE ALLEGATION: (18 U.S.C. § 982(a)(7) - Health Care Fraud Forfeiture)

A true bill.



Foreperson

Filed in open court this 19 day of May
A.D. 2016



United States Magistrate Judge

Bail. \$ No bail arrest warrant as to both defendants,
Ganesh and Belcher.

DOCUMENT NO.
1.2
DISTRICT CLERK
CRIMINAL DIVISION

BRIAN J. STRETCH (CABN 163973)
United States Attorney

FILED
MAY 19 2016
SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE

SEALED BY ORDER
OF COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

VILASINI GANESH and
GREGORY BELCHER,

Defendants.

No.

CR - 16 00211 LHK HRL

VIOLATIONS: 18 U.S.C. § 1349 – Conspiracy to
Commit Health Care Fraud; 18 U.S.C. §§ 1347 and 2
– Health Care Fraud and Aiding and Abetting; 18
U.S.C. § 1035(a)(2) – False Statements Relating to
Health Care Matters; 18 U.S.C. § 1956(h) –
Conspiracy to Commit Money Laundering; 18 U.S.C.
§ 1956(a)(1)(B)(i) and 2 – Money Laundering and
Aiding and Abetting; 18 U.S.C. § 982(a)(7) –
Criminal Forfeiture; 18 U.S.C. § 982(b)(1) – Money
Laundering Forfeiture

SAN JOSE VENUE

INDICTMENT

The Grand Jury charges:

INTRODUCTORY ALLEGATIONS

At all times relevant to this Indictment, unless otherwise indicated:

General Introductions

1. Defendant VILASINI GANESH (“GANESH”) was a physician licensed to practice in the State of California, providing general practitioner and family medical services to individuals in and around Saratoga, California. Beginning sometime in or about 2004, GANESH joined a pre-existing

INDICTMENT

1 medical practice under the name Campbell Medical Group ("CMG"). GANESH was assigned and used
 2 the Taxpayer Identification Number ("TIN") xx47871 as a unique identifier required for her business
 3 billings.

4 2. Defendant GREGORY BELCHER ("BELCHER") was a physician licensed to practice in
 5 the State of California, providing orthopedic medical and surgical services to individuals in and around
 6 Saratoga, California. BELCHER maintained and used two TINs for his billings, xx09434 and xx16097.

7 3. Since approximately 2008, GANESH and BELCHER have shared clinical offices located
 8 at 18805 Cox Avenue, Suites 110 and 160, Saratoga, California 95070.

9 4. E.D., whose identity is known to the Grand Jury, was a medical doctor licensed in
 10 California and the previous owner and operator of CMG from 1987 and 2005. In 2005, E.D. transferred
 11 ownership of CMG to GANESH. Prior to 1987, CMG had been a medical practice operated under the
 12 acronym "KRD" by E.D. and two other doctors. The TIN for the KRD practice when it was established
 13 in or about the late 1970s was xx43757. When KRD changed its name to CMG in or about 1987, E.D.
 14 and his partners continued to use the same xx43757 TIN (referred to herein as the "KRD TIN"). As of
 15 2006, neither E.D. nor his original partners were involved in practicing medicine at CMG.

16 Health Care Benefit Programs

17 5. A "health care benefit program," as defined by 18 U.S.C. § 24(b), includes any public or
 18 private plan or contracts, affecting commerce "under which any medical benefit, item, or service is
 19 provided to any individual, and includes any individual or entity who is providing a medical benefit,
 20 item, or service for which payment may be made under the plan or contract."

21 6. Anthem Blue Cross ("Anthem Blue Cross") was the trade name of Blue Cross of
 22 California, operating throughout the State of California as an independent licensee of the Blue Cross
 23 Blue Shield Association, but owned by Anthem, Inc., a for-profit corporation. Anthem Blue Cross was
 24 a health insurance carrier that provided health insurance plans to groups of individuals through their
 25 employer-sponsored health insurance plans. Headquartered in Indianapolis, Indiana, Anthem is one of
 26 the nation's largest health care benefit programs, serving over 38 million members.

27 7. Blue Shield of California ("Blue Shield") was a not-for-profit health plan provider based
 28 in San Francisco, California, which serves over 4 million individual health plan members as an

1 independent member of the Blue Cross Blue Shield Association.

2 8. Cigna Health & Life Insurance Company ("Cigna") was an American worldwide health
3 services organization. Cigna's insurance subsidiaries are major providers of medical, dental, disability,
4 life and accident insurance and related products and services, the majority of which are offered through
5 employers and other groups. Cigna Global Health Benefits is a unit within Cigna and headquartered in
6 Wilmington, Delaware.

7 9. UnitedHealthcare Services ("UnitedHealthcare") was an operating division of
8 UnitedHealth Group, the largest single health carrier in the United States. UnitedHealth Group is an
9 American diversified managed health care company based in Minnetonka, Minnesota, which offers a
10 spectrum of products and services through two operating businesses, UnitedHealthcare and Optum.

11 10. Aetna Life Insurance Company ("Aetna"), headquartered in Hartford, Connecticut, was
12 one of the nation's leading diversified healthcare companies, and a member of the "Fortune 100." Aetna
13 offers a broad range of traditional and consumer-directed healthcare insurance products and related
14 services. Aetna Life Insurance Company is a subsidiary of Aetna and underwrites some of its health
15 plan policies.

16 11. Patients covered by the health care benefit program were called "beneficiaries."
17 Physicians who saw and treated beneficiaries were called "providers."

18 Billing and Diagnostic Codes

19 12. Health care benefit programs, including Anthem Blue Cross, Blue Shield, Aetna, Cigna,
20 and UnitedHealthcare (collectively, "HCBPs") helped to pay for certain medically necessary physician
21 services, outpatient services, and other medical services, and also for medically necessary inpatient
22 hospital care, including medically necessary testing.

23 13. HCBPs ordinarily authorized payment for physician and hospital services only if those
24 services were actually provided and were "medically necessary," that is, the services were required
25 because of disease, disability, infirmity, or impairment. HCBPs would not pay for services and treatment
26 that were not actually provided or if the patient did not meet the criteria that indicated the patient needed
27 the relevant services and treatment.

28 14. At various times throughout the relevant period, Defendant GANESH was enrolled as a

INDICTMENT

1 provider of services to Anthem Blue Cross, Blue Shield, Aetna, Cigna, and UnitedHealthcare, and was
2 eligible for reimbursement for covered services that were provided.

3 15. Medical services were billed to HCBPs by using numerical codes called Current
4 Procedural Terminology codes ("CPT codes"). CPT codes provide a uniform language that accurately
5 described medical, surgical, and diagnostic services billed to the private health insurance programs. The
6 American Medical Association annually published and made available to all providers entitled to submit
7 claims to HCBPs a CPT Manual, which set forth the criteria to be considered in selecting the proper
8 codes to represent the services rendered.

9 16. Similarly, health care providers reported diagnoses using numerical codes called "ICD-9-
10 CM" codes.

11 17. When submitting claims for reimbursement for services provided, medical providers
12 were required to use correct CPT codes to identify each procedure and service. Health care benefit
13 programs required providers to accurately list the CPT code that most completely identified the
14 procedures or services performed.

15 18. Claims for reimbursement for medical services provided could be submitted to the
16 HCBPs through the use of the health insurance claim form "CMS-1500" (formerly "HCFA-1500"). The
17 CMS-1500 required submission of accurate information relating to the services provided, including:
18 patient information; the type of service provided; a modifier to further describe such service (if
19 applicable); the date such services were provided; the charge for such services; the diagnosis; and the
20 name and/or provider identification number of the performing physician.

21 19. The CMS-1500 form also provided several notices to the individual submitting the form
22 as to the information being provided, including the following:

23 NOTICE: Any person who knowingly files a statement of claim
24 containing any misrepresentation or any false, incomplete or misleading
25 information may be guilty of a criminal act punishable under law and may
be subject to civil penalties.

26 20. In some instances, claims for reimbursement for medical services provided could be
27 submitted electronically to the private insurance companies. The electronic claim was electronically
28 transmitted in data "packets" from the provider's computer using a broadband internet connection, and

1 required the inclusion of certain information relating to the services provided, including: patient
2 information; type of services (CPT code); a modifier to further describe such service (if applicable); date
3 of such service; and diagnosis.

4 THE SCHEME AND ARTIFICE TO DEFRAUD

5 21. Beginning no later than on or about July 2009 and continuing through at least September
6 2014, defendants GANESH and BELCHER intended to devise and participated in a scheme to defraud
7 health care benefit programs by means of materially false and fraudulent pretenses and representations
8 in connection with the delivery or payment for health care benefits, items and services, which scheme is
9 further described below.

10 22. It was a purpose of the scheme for GANESH and BELCHER to unlawfully enrich
11 themselves by, among other things, (a) submitting false and fraudulent claims to the HCBPs; (b)
12 concealing the submission of false and fraudulent claims to the HCBPs; and (c) diverting proceeds of the
13 fraud for their personal use.

14 23. It was part of the scheme that defendant GANESH submitted and caused to be submitted
15 to HCBPs claims for services that GANESH knew were not properly payable because (1) defendant
16 GANESH included false CPT codes, which artificially inflated both the seriousness of the patient's
17 condition as well as the time which the physician spent examining the patient; (2) defendant GANESH
18 included false diagnoses in the claims which did not correspond with the true health and presentation of
19 the patient beneficiaries; (3) defendant GANESH included claims for days when the patient
20 beneficiaries had not been seen by the provider; and (4) defendant GANESH represented that the patient
21 beneficiaries were seen by another physician provider (not herself) no longer affiliated with defendant
22 GANESH and her practice at CMG.

23 24. Defendants GANESH and BELCHER did not employ a designated "bookkeeper" or
24 maintain a billing department, staffed by anyone with specific training in medical billing. Instead,
25 GANESH instructed office receptionists and medical assistants to enter and submit bills to the HCBPs
26 based on her written instructions. Defendant BELCHER occasionally instructed his office staff to assist
27 in this effort.

28 25. It was further part of the scheme to defraud that in or about January 2010, defendant

1 GANESH began to use the TIN xx43757, which was previously assigned to and used by CMG/KRD,
2 and had not been used substantially since E.D. left the practice in 2006. Between 2010 and 2014,
3 GANESH used the KRD TIN to submit claims in the name of E.D. and KRD as the service provider to
4 several HCBPs, including Anthem Blue Cross and Blue Shield, while also submitting claims to other
5 HCBPs simultaneously using her own TIN and listing herself as the provider.

6 26. It was further part of the scheme to defraud that defendant GANESH submitted to the
7 HCBPs false requests for reimbursement using the CPT Codes 99245 or 99215, accounting for
8 approximately 85 percent of all the claims for reimbursement submitted by defendant GANESH
9 between 2007 and 2014. Both of these CPT codes represent time-intensive office visits of at least 80
10 minutes for patients requiring the highest level of complex care and experiencing symptoms of
11 moderate-to-high severity.

12 27. It was a further part of the scheme to defraud that defendant GANESH, when approached
13 by representatives of the HCBPs or the patient beneficiaries themselves to provide documentation or
14 additional information to substantiate the claims that she was submitting, or that were being submitted at
15 her direction and on her behalf, defendant GANESH further misrepresented, concealed, and hid or
16 directed her subordinates to misrepresent, conceal or hide, acts done in furtherance of the scheme and
17 the purposes of those acts.

18 28. In furtherance of the scheme, in or about 2011, defendants GANESH and BELCHER
19 opened a bank account at Bank of America, ending in xx68753, in the name of "Dr. Ganesh MD, Inc.,
20 dba [KRD], Inc." Both GANESH and BELCHER had signature authority over the account. This
21 account was used almost exclusively to deposit the reimbursement checks that defendants received from
22 HCBPs, which were made payable to KRD and/or E.D.

23 29. Also in furtherance of the scheme, defendant GANESH submitted hundreds of claims for
24 reimbursement from the HCBPs for days which (i) were weekends when the CMG office located in
25 Saratoga was closed; (ii) the patient denied they were seen; (iii) used CPT codes under both her own
26 TIN and the KRD TIN which accounted for more than 24 hours in a single day; and/or (iv) were days
27 when the patient beneficiary could not have been seen by GANESH or her staff because either the
28 patient or defendant GANESH was not physically present in California. In particular:

INDICTMENT

- a. Defendant GANESH submitted a total of 88 reimbursement requests to various HCBPs falsely claiming a total of 116 hours of patient care in a single day, June 28, 2012, including a request sent on June 13, 2013, to Anthem Blue Cross on a CMS-1500, falsely claiming that E.D. of KRD had provided services to patient beneficiary S.S. on June 28, 2012.
- b. On or about June 12, 2013, defendant GANESH submitted a request for reimbursement to Blue Shield through their electronic management system falsely claiming patient beneficiary M.K. had been seen by E.D. on March 5, 2012, using CPT Code 99245, indicating that an 80-minute visit with the highest level of complexity had occurred.
- c. Defendant GANESH submitted a total of 170 reimbursement requests to various HCBPs, using both the KRD TIN and her own TIN, falsely claiming a total of 114 hours of patient care in the CMG office on Saturday, December 29, 2012, including one claim submitted to Cigna on March 29, 2013, for care allegedly provided to patient beneficiary M.H.
- d. Defendant GANESH submitted a total of 164 reimbursement requests to various HCBPs, using both the KRD TIN and her own TIN, falsely claiming a total of 113 hours of patient care on Sunday, December 30, 2012, including one claim submitted to Cigna on March 29, 2013, for care allegedly provided to patient beneficiary M.H.
- e. Defendant GANESH submitted a total of 124 reimbursement requests to various HCBPs, using both the KRD TIN and her own TIN, falsely claiming a total of 85 hours of patient care on Monday, December 31, 2012, including one claim submitted to Cigna on March 29, 2013, for care allegedly provided to patient beneficiary M.H.
- f. From on or about May 7, 2014, to on or about May 20, 2014, defendant BELCHER submitted fifteen fraudulent reimbursement claims, for a total of \$1,354, to Cigna for care allegedly provided to patient beneficiary M.H., when in truth and in fact, defendant BELCHER provided no care to the patient on the claimed dates.
- g. From on or about May 7, 2014, to on or about May 20, 2014, defendant GANESH

submitted four fraudulent reimbursement claims, for a total of \$800, to Cigna for care allegedly provided to patient beneficiary M.H., when in truth and in fact, defendant GANESH provided no care to the patient on the claimed dates.

- h. On or about May 12, 2014, Defendant GANESH submitted four fraudulent reimbursement claims, for a total of \$800, to UnitedHealthcare for care allegedly provided to patient beneficiary A.D. under CPT Code 99215, on February 17, 19, 21, and 23, 2014, when in truth and fact, defendant GANESH provided no care to the patient on the claimed dates.
- i. Between on or about July 20, 2012 and on or about December 1, 2012, defendant GANESH submitted to Aetna over 73 claims all purportedly for the care of a single patient beneficiary, S.K., almost all of which were billed at CPT Code 99245, indicating visits of approximately 80 minutes in length. In truth and fact S.K. reported that she or her family members were seen by GANESH no more than nine times total in the four month period, and never for more than 15 minutes at a time. When S.K. contested the charges with Aetna in or about March 2013, Aetna sought additional documentation from GANESH and disallowed approximately \$4000.00 of the billed charges. When Aetna failed to pay, defendant GANESH sent S.K. a bill in December 2014 purporting to claim that S.K. and family personally owed CMG \$7,350.00 in unpaid and unreimbursed office visits.

COUNT ONE: (18 U.S.C. § 1349 – Health Care Fraud Conspiracy)

30. Paragraphs 1 through 29 are re-alleged and incorporated as if fully set forth here.

31. From at least in or about January 2008 through in or about January 2015, in the Northern District of California and elsewhere, the defendants,

VILASINI GANESH and
GREGORY BELCHER,

did knowingly and intentionally conspire and agree with one another to execute, and to attempt to execute, a material scheme and artifice (1) to defraud a health care benefit program affecting commerce,

INDICTMENT

as defined in Title 18, United States Code, Section 24(b), namely Anthem Blue Cross, Blue Shield, Cigna, Aetna, and UnitedHealthcare, and (2) to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money owned by and under the custody and control of a health care benefit program, all in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Section 1347.

All in violation of Title 18, United States Code, Section 1349.

COUNTS TWO – SIX: (18 U.S.C. §§ 1347 and 2 – Health Care Fraud)

32. Paragraphs 1 through 29 are re-alleged and incorporated as if fully set forth here and in each of Counts Two through Six, below.

33. On or about the dates set forth below, in the Northern District of California, the defendant,

VILASINI GANESH,

knowingly and willfully executed and attempted to execute a described scheme and artifice (1) to defraud a health care benefit program as defined in Title 18, United States Code, Section 24(b), and (2) to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money owned by and under the custody and control of the health care benefit program, in connection with a delivery of and payment for health care benefits, items, and services:

Count	Date Claimed	Benficiary	HCBP	Date Paid	Amount Paid
TWO	06/28/2012	S.S.	Anthem Blue Cross	06/17/2013	\$1,454.14
THREE	03/05/2012	M.K.	Blue Shield	04/19/2013	\$432.16
FOUR	12/30/2012	M.H.	Cigna	07/08/2013	\$1,000.00
FIVE	02/17/2014	A.D.	UnitedHealthcare	05/20/2014	\$4,744.15
SIX	09/21/2012	S.K.	Aetna	01/02/2013	\$6,627.61

All in violation of Title 18, United States Code, Sections 1347 and 2.

COUNTS SEVEN – ELEVEN: (18 U.S.C. § 1035 – False Statements Relating to Health Care Matters)

34. Paragraphs 1 through 33 are re-alleged and incorporated as if fully set forth here and in each of Counts Seven through Eleven, below.

35. On or about the dates set forth below, in the Northern District of California, the defendant
VILASINI GANESH,
 knowingly and willfully made and used a materially false writing and document, namely a request for beneficiary payment, knowing the same to contain materially false, fictitious, and fraudulent statements and entries, in connection with payment for health care benefits, items, and services in a matter involving a health care benefit program, as defined in 18 U.S.C. § 24(b):

Count	Date Claim Submitted	Beneficiary	HCBP	CPT Code /TIN Billed	Nature of Proof of False Representation
SEVEN	12/23/2013	S.S.	Anthem Blue Cross	99215 / xx43757	Impermissible usage of TIN associated with another provider; alleged service not performed on 12/31/2012 for duration claimed
EIGHT	08/10/2013	M.K.	Blue Shield	99245/ xx43757	Impermissible usage of TIN associated with another provider; alleged service not performed on 06/02/2012 and for duration claimed.
NINE	03/29/2013	M.H.	Cigna	99215/ xx47871	Services not provided on three successive days (12/29/2012, 12/30/2012, and 12/31/2012) for the duration claimed
TEN	05/12/2014	A.D.	UnitedHealthcare	99215/ xx47871	Service not rendered on date indicated for duration claimed
ELEVEN	12/10/2012	S.K.	Aetna	99245/ xx47871	Service not rendered on dates and for duration claimed

1 All in violation of Title 18, United States Code, Section 1035.

2
3 COUNT TWELVE: (18 U.S.C. § 1956(h) – Conspiracy to Commit Money Laundering)

4 36. Paragraphs 1 through 35, and the transactions alleged in each of Counts Thirteen
5 through Eighteen, are re-alleged and incorporated as if fully set forth here.

6 37. From in or about May 2011, the exact date being unknown to the Grand Jury, and
7 continuing until in or about January 2014, in the Northern District of California and elsewhere, the
8 defendants,

9 VILASINI GANESH and
10 GREGORY BELCHER,

11 did conspire with each other and with others known and unknown to the Grand Jury, to commit an
12 offense against the United States, to wit: knowing that property involved in a financial transaction
13 represented proceeds of some form of unlawful activity, and with property was in fact the proceeds of
14 specified unlawful activity, namely health care fraud, defendants conducted financial transactions
15 knowing that those transactions were designed in whole and in part to conceal and disguise the nature,
16 location, source, ownership, and control of the proceeds of that specified unlawful activity, in violation
17 of Title 18, United States Code, Section 1956(a)(1)(B)(i);

18 All in violation of Title 18, United States Code, Section 1956(h).

19
20 COUNTS THIRTEEN – EIGHTEEN: (18 U.S.C. §§ 1956(a)(1)(B)(i) and 2 – Money Laundering)

21 38. Paragraphs 1 through 37 are re-alleged and incorporated as if fully set forth here and in
22 each of Counts Thirteen through Eighteen, below.

23 39. On or about the dates set forth below, in the Northern District of California and
24 elsewhere, the defendants,

25 VILASINI GANESH and
26 GREGORY BELCHER,

27 did knowingly conduct and attempt to conduct the following financial transactions affecting interstate
28 and foreign commerce, which involved the proceeds of specified unlawful activity, that is health care

INDICTMENT

1 fraud, in violation of Title 18, United States Code Section 1347, and false statements in relation to health
 2 care matters, in violation of Title 18, United States Code Section 1035, and knowing that the
 3 transactions were designed in whole and in part to conceal and disguise, the nature, location, source,
 4 ownership, and control of the proceeds of said specified unlawful activity and that while conducting and
 5 attempting to conduct such financial transactions, the defendants knew that the property involved in the
 6 financial transactions represented the proceeds of some form of unlawful activity:

Count	Date	Amount	Monetary Transaction
THIRTEEN	08/08/2011	\$12,000.00	Purchase of Cashier's Check No. 432311932 from Bank of America Account ending in xx8753
FOURTEEN	09/23/2011	\$15,000.00	Purchase of Cashier's Check No. 422859367 from Bank of America Account ending in xx8753
FIFTEEN	10/19/2011	\$23,000.00	Purchase of Cashier's Check No. 433613797 from Bank of America Account ending in xx8753
SIXTEEN	11/29/2011	\$7,000.00	Purchase of Cashier's Check No. 422859603 from Bank of America Account ending in xx8753
SEVENTEEN	12/16/2011	\$20,000.00	Purchase of Cashier's Check No. 422859519 from Bank of America Account ending in xx8753
EIGHTEEN	11/19/2013	\$77,000.00	Deposit of Cashier's Check Nos. 432311932, 422859367, 433613797, 422859603, 422859519 in Bank of the West Account ending in xx7654

23
 24 All in violation of Title 18, United States Code, Sections 1956(a)(1)(B)(i) and 2.

25
 26 **FORFEITURE ALLEGATION:** (18 U.S.C. § 982(a)(7) - Health Care Fraud Forfeiture)

27 40. The factual allegations contained in Paragraphs 1 through 42 are re-alleged and
 28 incorporated as if fully set forth here for the purpose of alleging forfeiture pursuant to Title 18, United

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1 States Code, Section 982(a)(1) and (a)(7).

2 41. Upon a conviction of any of the offenses alleged in Counts One through Six, the
3 defendants,

4 VILASINI GANESH and
5 GREGORY BELCHER

6 shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), all rights,
7 title and interest in property, real and personal, that constitutes or is derived from, directly or indirectly,
8 from gross proceeds traceable to the commission of the offense, including but not limited to a sum of
9 money equal to the gross proceeds obtained as a result of the offense.

10 42. Upon a conviction for the offenses alleged in Counts Twelve through Eighteen of this
11 Indictment, the defendants,

12 VILASINI GANESH and
13 GREGORY BELCHER

14 shall forfeit to the United States pursuant to 18 U.S.C. § 982(a)(1) any property, real and personal,
15 involved in said violations, or any property traceable to such property, including but not limited to a sum
16 of money equal to all property involved in the offense.

17 43. If any of the property, as a result of any act or omission of the defendants:


- 18 a. cannot be located upon the exercise of due diligence;
- 19 b. has been transferred or sold to, or deposited with, a third party;
- 20 c. has been placed beyond the jurisdiction of the court;
- 21 d. has been substantially diminished in value; or
- 22 e. has been commingled with other property which cannot be divided without
23 difficulty,

24 the United States of America shall be entitled to forfeiture of substitute property pursuant to Title 21,
25 United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1).
26 All in violation of Title 18, United States Code, Sections 982(a)(1), 982(a)(7), 1347, and 1349; and Rule
27 32.2 of the Federal Rules of Criminal Procedure.
28

INDICTMENT

1 DATED: 19 May 2016

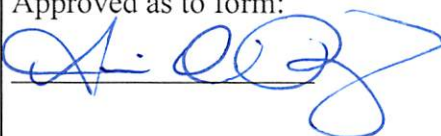
A TRUE BILL

2
3 
4 FOREPERSON

5 BRIAN J. STRETCH
6 United States Attorney

7 
8 JEFFREY NEDROW
9 San Jose Branch Chief

10 Approved as to form:

11 

12 AMIE D. ROONEY
13 Assistant United States Attorney

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INDICTMENT

DEFENDANT INFORMATION RELATIVE TO A CRIMINAL ACTION - IN U.S. DISTRICT COURT

BY: ☐ COMPLAINT ☐ INFORMATION ☒ INDICTMENT
☐ SUPERSEDING

OFFENSE CHARGED

SEE ATTACHMENT

- ☐ Petty
☐ Minor
☐ Misdemeanor
☒ Felony

PENALTY: SEE ATTACHMENT

CR - 16

Name of District Court, and/or Judge/Magistrate Location

NORTHERN DISTRICT OF CALIFORNIA
 SAN JOSE DIVISION

DEFENDANT - U.S.

Vilasini Ganesh

DISTRICT COURT NUMBER

00211

LHK

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PROCEEDING

Name of Complainant Agency, or Person (& Title, if any)

FBI Special Agent DeVonne Johnson

☐ person is awaiting trial in another Federal or State Court, give name of court

☐ this person/proceeding is transferred from another district per (circle one) FRCrP 20, 21, or 40. Show District

☐ this is a reprosecution of charges previously dismissed which were dismissed on motion of:

☐ U.S. ATTORNEY ☐ DEFENSE

SHOW
DOCKET NO.

☐ this prosecution relates to a pending case involving this same defendant

MAGISTRATE
CASE NO.

☐ prior proceedings or appearance(s) before U.S. Magistrate regarding this defendant were recorded under

Name and Office of Person

Furnishing Information on this form Brian J. Stretch

☒ U.S. Attorney ☐ Other U.S. Agency

Name of Assistant U.S. Attorney (if assigned)

Amie D. Rooney

DEFENDANT

IS NOT IN CUSTODY

Has not been arrested, pending outcome this proceeding.

1) ☐ If not detained give date any prior summons was served on above charges

2) ☐ Is a Fugitive

3) ☐ Is on Bail or Release from (show District)

IS IN CUSTODY

4) ☐ On this charge

5) ☐ On another conviction

☐ Federal ☐ State

6) ☐ Awaiting trial on other charges

If answer to (6) is "Yes", show name of institution

Has detainer been filed? ☐ Yes ☐ No

If "Yes" give date filed

DATE OF ARREST

Month/Day/Year

Or... if Arresting Agency & Warrant were not

DATE TRANSFERRED TO U.S. CUSTODY

Month/Day/Year

☐ This report amends AO 257 previously submitted

ADDITIONAL INFORMATION OR COMMENTS

PROCESS:

☐ SUMMONS ☐ NO PROCESS* ☒ WARRANT

Bail Amount: None

If Summons, complete following:

☐ Arraignment ☐ Initial Appearance

Defendant Address:

* Where defendant previously apprehended on complaint, no new summons or warrant needed, since Magistrate has scheduled arraignment

Date/Time: Before Judge:

Comments:

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PENALTY SHEET ATTACHMENT

COUNT 1 - Conspiracy to Commit Health Care Fraud - 18 U.S.C. § 1349

[GANESH/BELCHER]

Maximum 10 years imprisonment

\$250,000 fine

3 years S/R

\$100 special assessment per count

COUNTS 2 through 6 - Health Care Fraud - 18 U.S.C. § 1347

[GANESH only]

Maximum 10 years imprisonment

\$250,000 fine

3 years S/R

\$100 special assessment per count

COUNTS 7 through 11 - False Statements Relating to Health Care Matters - 18 U.S.C. § 1035

[GANESH only]

Maximum 5 years imprisonment

\$250,000 fine

3 years S/R

\$100 special assessment per count

COUNT 12 - Conspiracy to Commit Money Laundering - 18 U.S.C. § 1956(h)

[GANESH/BELCHER]

Maximum 20 years imprisonment

\$500,000 fine, or twice the value of the property involved in the transaction, whichever is greater.

COUNTS 13 through 18 - Money Laundering and Aiding and Abetting 18 U.S.C. § 1956(a)(1)(B)(i) and 2

[GANESH/BELCHER]

Maximum 20 years imprisonment

\$500,000 fine, or twice the value of the property involved in the transaction, whichever is greater.

DEFENDANT INFORMATION RELATIVE TO A CRIMINAL ACTION - IN U.S. DISTRICT COURT

BY: ☐ COMPLAINT ☐ INFORMATION ☒ INDICTMENT
☐ SUPERSEDING

OFFENSE CHARGED

SEE ATTACHMENT

- ☐ Petty
☐ Minor
☐ Misdemeanor
☒ Felony

PENALTY: SEE ATTACHMENT

Name of District Court, and/or Judge/Magistrate Location

NORTHERN DISTRICT OF CALIFORNIA

SAN JOSE DIVISION

DEFENDANT - U.S.

Gregory Belcher

DISTRICT COURT NUMBER

CR - 16 00211

DEFENDANT

IS NOT IN CUSTODY

Has not been arrested, pending outcome this proceeding.

- 1) ☐ If not detained give date any prior summons was served on above charges
- 2) ☐ Is a Fugitive
- 3) ☐ Is on Bail or Release from (show District)

IS IN CUSTODY

- 4) ☐ On this charge
- 5) ☐ On another conviction } ☐ Federal ☐ State
- 6) ☐ Awaiting trial on other charges

If answer to (6) is "Yes", show name of institution

Has detainer been filed? ☐ Yes ☐ No

If "Yes" give date filed

DATE OF ARREST

Month/Day/Year

Or... if Arresting Agency & Warrant were not

DATE TRANSFERRED TO U.S. CUSTODY

Month/Day/Year

☐ This report amends AO 257 previously submitted☒ U.S. Attorney ☐ Other U.S. Agency

Name and Office of Person

Furnishing Information on this form Brian J. Stretch

Name of Assistant U.S. Attorney (if assigned)

Amie D. Rooney

PROCESS:

☐ SUMMONS ☐ NO PROCESS* ☒ WARRANT

Bail Amount: None

If Summons, complete following:

☐ Arraignment ☐ Initial Appearance

Defendant Address:

Date/Time:

Before Judge:

Comments:

* Where defendant previously apprehended on complaint, no new summons or warrant needed, since Magistrate has scheduled arraignment

A2

PENALTY SHEET ATTACHMENT

COUNT 1 - Conspiracy to Commit Health Care Fraud - 18 U.S.C. § 1349

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COUNTS 2 through 6 - Health Care Fraud - 18 U.S.C. § 1347

[GANESH only]

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\$250,000 fine

3 years S/R

\$100 special assessment per count

COUNTS 7 through 11 - False Statements Relating to Health Care Matters - 18 U.S.C. § 1035

[GANESH only]

Maximum 5 years imprisonment

\$250,000 fine

3 years S/R

\$100 special assessment per count

COUNT 12 - Conspiracy to Commit Money Laundering - 18 U.S.C. § 1956(h)

[GANESH/BELCHER]

Maximum 20 years imprisonment

\$500,000 fine, or twice the value of the property involved in the transaction, whichever is greater.

COUNTS 13 through 18 - Money Laundering and Aiding and Abetting 18 U.S.C. § 1956(a)(1)(B)(i) and 2

[GANESH/BELCHER]

Maximum 20 years imprisonment

\$500,000 fine, or twice the value of the property involved in the transaction, whichever is greater.

Δ2